

Energy Partnership Program
Technical Assistance Application



Please complete and return to:
California Energy Commission
Nonresidential Buildings Office
1516 Ninth Street, MS-26
Sacramento, CA 95814
(916) 654-4008

Applicant: _____
City/County

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____

Title: _____

Telephone: _____

Fax: _____

E-mail: _____

1. Local Government Team

The Energy Partnership Program relies on the cooperation and support of a team of key decision makers and management personnel for the success of a major energy retrofit project. Please identify the key responsible people in your organization who will comprise your Energy Partnership Program Team.

Local Government Energy Partnership Program Team	
City/County Maintenance Department	Telephone
City/County Public Works or General Services Department	Telephone
City/County Finance Director	Telephone
City Manager/County Administrator	Telephone

2. Electricity, Natural Gas, and/or Other Energy Providers

The close involvement of your energy provider (electricity, natural gas and/or other fuels) is extremely helpful to ensuring a successful project. Please indicate your representatives.

Energy Provider Name (Electric and Gas)	Contact Person	Telephone

3. Other Energy Efficiency Activities

Many local governments have past or on-going relationships with Energy Services Companies (ESCO)*, consultants, special utility programs, or others. To avoid duplication of efforts, please indicate whether you are or have been working with any parties other than your own staff to implement energy efficiency projects in your facility.

- ☐ We are working with no others.
- ☐ We have energy audits of one or more of our facilities but have taken no action.
- ☐ We have a contract with an ESCO, consultant, utility, or others. Name: _____
- ☐ We are actively considering a proposal from an ESCO, consultant, utility, or others.

**An ESCO provides energy management services to local government and others.*

4. Project Financing

If you decide to participate in the program, the cost of your share of the feasibility study or the customized services and the recommended energy projects will need to be financed. Please check your preferred financing method.

- ☐ We have internal funds available.
- ☐ We are interested in a loan from the Commission.
- ☐ Financing to be arranged by an ESCO, consultant, utility, or others.
- ☐ We want to discuss our financing options with the Commission.
- ☐ Other, specify: _____

5. Building Energy Use Information

The Energy Partnership Program will provide a *free* consultation and discussion of energy project and financing options. To help us provide you this service, we will need information on your buildings (maximum of 10 buildings). Please complete Table 1 or create your own table with the same information. Table 1 provides us with information on your buildings and their operating schedule. This information will help us estimate the energy project potential of your buildings. After our site visit we may need to obtain your energy bills for those buildings with the most potential.

6. Signature

I have discussed this application with the key personnel listed in Section 1 and obtained their support to apply to the Commission's Energy Partnership Program. I hereby certify that the information provided in this application package is complete and accurate to the best of my knowledge.

Signature	Printed Name	Title	Date	
Mailing Address	City	Zip Code	Phone	Fax

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Table 1

Building Information (Question 5)

[illegible]

*Energy Management System